

# INTEGRITY

25 CENTS A COPY



February, 1950

Vol. 4, No 5

The Subject ~ Medicine

# C O N T E N T S

EDITORIAL - - - - -	1
IT ALL GOES TOGETHER	
By PETER MICHAELS - - - - -	2
BODY AND SOUL	
By ELEANOR GRAHAM - - - - -	17
FROM A LETTER	
By MARY REED NEWLAND - - - - -	26
CAVEAT EMPTOR! (A Poem)	
By N. A. KRAUSE - - - - -	28
ON HAVING BABIES AT HOME	
By MULTIPARA - - - - -	29
BELOVED SONS AND DAUGHTERS - - - - -	43
BOOK REVIEWS - - - - -	47

**INTEGRITY** is published by lay Catholics and  
dedicated to the task of discovering the new  
synthesis of **RELIGION** and **LIFE** for our times.

**Vol. 4, No. 5**

**February 1950**

Published Monthly by Integrity Publishing Co., 346 East 86th Street, New York 28, N. Y., TR 9-5176. Edited by Edward Willock and Carol Jackson. Entered as Second Class Matter October 14, 1946 at the Post Office at New York, N. Y. under the Act of March 3, 1897. All single copies 25 cents each; yearly subscriptions: domestic \$3.00, Canadian \$3.50, Foreign \$4.00.

**INTEGRITY** IS INDEXED IN THE CATHOLIC PERIODICAL INDEX

## EDITORIAL

**P**AIN increases the more men struggle with it. Despite the clinical fortifications carefully contrived and mightily rendered, the citadel of science repulsed the medieval plague only to fall victim to indigenous heart disease and native neurosis. Full-page ads in the *New York Times* urge us to fling our money into the faces of the attacking scourge, in the vain and desperate hope that this long green stuff, the universal specific and the household god, will live up to its reputation of clearing all roads to human desire. The faithful are beginning to stamp their feet impatiently that the promises of science remain so long unfulfilled. Donations of dimes become reluctant. The hope that springs eternal is becoming arthritic.

Now it is presumed that if money and science were to incorporate with the state, we would have a triple threat offensive before which all viruses, lamentable bacteria, and stowaway cancer cells would quietly wither away. We have reached the stage of development wherein the solution to any problem awaits the procurement of a tabulating machine and the establishment of a governmental bureau. As though in portent of the transmission of sickbed authority to Caesar, we have a doctor on trial in New Hampshire who provides us with an exhibition of the Lord High Executioner at work.

Under such circumstances as these INTEGRITY tries in this issue to disentangle the snarl, starting from the layman's end of the rope.

### NOTICE TO ALL SUBSCRIBERS

We are delighted to tell you that your next issue of INTEGRITY will carry in its entirety the last pastoral letter of the late Cardinal Suhard, Archbishop of Paris, on the social mission of the priest. Because of the length of this important document we have combined two issues under one cover (March and April), making one double-sized magazine. This will be mailed to you around March 20.

THE EDITORS



# It All Goes Together

The Republicans are going to take a stand next election against socialized medicine, which is one of the pet measures of the Truman administration. Let them argue the matter until doomsday, but the truth will not prevail. Or let one of the parties triumph, as will surely happen. Then we shall either have socialized medicine and a thousand ills following in its wake; or we shall not have socialized medicine, and the multitudinous troubles we now have will be intensified a thousandfold. Medicine is in a crisis, but it isn't that kind of crisis.

A doctor in New Hampshire has knowingly, deliberately, openly, and probably idealistically shortened the agonizing last days of a cancer patient by euthanasia. He seems to have the tacit sympathy of many in the medical profession, not to mention that of his friends and neighbors, including the victim's husband. By what process did the art of healing evolve into the science of killing? How did doctors become veterinarians? The whole matter is full of paradoxes, and to understand it means to undertake a philosophical study of the development of modern medicine.

## I. HEALING IS AN ART

There is a whole nest of medical ills which can be traced to the fact that medicine, which is by its nature primarily an art (to which certain sciences are auxiliary) has by a shift of emphasis come to be treated as a science. The difference between an art and a science is that art has a practical end (healing the body) whereas science has an intellectual goal (understanding diseases). There is no necessary connection between the two things. Many scourges of the human race have been wiped out while their nature remained mysterious. The black plague disappeared with sanitation control, leprosy left Europe through quarantine and yellow fever vanished from areas where swamps were eradicated. To take the other case, knowledge does not necessarily lead to healing. One gets the impression that some physicians regard death as a minor incident which takes place between the final diagnosis and the autopsy. And what is one to think of the cancer researcher who has finally sliced a cancerous cell into minute particles and encased each one in a transparent plastic material for more careful inspection? Suppose he is finally able to observe every single feature of the diseased cell, will he then be able to cure or prevent cancer? Will he really know anything about it? Should his

cleverness discover some substance which kills cancer cells without killing the people who have cancer, what reason would he have to suppose that a person thus cured would not develop other and even more interesting and unusual diseases as the direct result of a chain of bodily circumstances commenced by the previous medicine? In fact this sort of thing has been precisely what has happened in the case of chickens which developed diseases from the unnatural life forced on them by avaricious chicken-breeders, who resorted then to strange cures instead of mending their ways, and then had to have *new* cures for the *new* ills, and so on. Obviously something is radically wrong.

What's wrong is that we have forgotten that medicine is an *art*. That means simply *God heals*, we only dispose the body for His mysterious natural mending processes. Sometimes the body is disposed by some natural process, like sleeping or exercise or a special diet. Sometimes it takes sterner measurers, like a heart stimulant, or a purgative. The most drastic remedy is surgery which ought therefore to be resorted to last. But surgery also (normally) merely removes obstacles to the body's self-healing.

The art of medicine uses sciences, but in an auxiliary capacity. A certain amount of anatomy, physiology, and other sciences help the doctor to get the sort of background he needs. It is rather like the case of a man carving a statue. He needs to know wood, something about its grain and hardness. He needs to know how to use certain instruments. But he doesn't have to know all there is to know about wood and steel. He does not need to analyze them to infinity. His skill comes mostly from his natural gift, trained by imitation and practice to the skillful manipulation of this material.

### **More and More about Less and Less**

As long as the sciences remained handmaids to the art of medicine they were useful, and their advances advanced medical progress. However, science somehow usurped the primary position with doctors, and having lost its initial restraint went hog-wild with intellectual curiosity.

A parallel thing occurred in education, agriculture and other fields. That is how it happened that "pure" scientists, merely following the direction of their own studies, ended up with atom bombs and long range bombers. Similarly other scientists ended up with chemical fertilizers, homogenized milk, inhiston and profrontal lobotomies. The really pure search of the mind for truth is for ever deeper and more comprehensive forms of truth—for primary causes, which is to say ultimately for God. This is



the only kind of truth which legitimately can be pursued absolutely for its own sake. All other forms of knowledge are validly sought only within a context. The mind that wanders where it will, will wander down strange alleys according to someone else's will, by an unconscious bias, or it will strive for a totality of quantitative knowledge rather than for primary causes.

As you go toward an understanding of first causes, knowledge simplifies. If you keep to a superficial level, facts multiply without ever getting more lucid. In the medical school of today, as indeed in all colleges and universities, an extraordinary memory is the student's greatest tool. He will have to learn every last muscle, fiber and bone by rote. He will have to know a thousand diseases along with their symptoms and remedies. He will have to know a great deal of a lot of sciences. He will be literally buried in books during his student years. When he gets practicing he will be expected to keep up with a torrent of new discoveries, experiments, chemicals, drug compounds and theories lest his practice become obsolete.

There are many who now say that even basic medical knowledge is beyond the capacity of the ordinary man. There is just frankly too much for him to learn, and then to keep abreast of. The only solution is to divide up the knowledge, with each one of a corps of doctors specializing in a particular part of the human anatomy. Some ideal of this sort is realized in the modern medical center. The patient is put on an assembly line for a series of routine tests and examinations, which reveal almost automatically the nature of his case, after which he is shunted to the proper specialist for treatment.

### **The Lost Art of Diagnosis**

If human beings were automobiles the assembly line technique would be suitable to them. But since they are complex organisms they cannot be understood or treated mechanically. The highest art of the art of medicine is diagnosis, and it is this which is going by the board in the modern situation.

A certain amount of specialization in medicine is perfectly legitimate if it is grounded on good general knowledge and corresponds to a special skill in an intricate matter. The trend in specialization today is not precisely of this sort but wants to accomplish with a corps of doctors, supported by tests and measurements, what formerly rested in one doctor. It wants to take the guess-work out of diagnosis by the perfection of measuring and recording instruments. It tends to perfect the doctor's equipment and instruments rather than the doctor.

Diagnosis on the contrary is an art which presupposes a comprehensive knowledge and a trained sense of synthesis. The doctor takes his tests and makes his observations. All the facts and hints and suggestions are tossed around in his brain almost without conscious advertance, and out comes a piercing diagnosis. Doctors like this rise above their specialized knowledge. They are *artists*. They become more skilled and valuable with the years. They are not merely mechanical dispensers of wonder drugs. They have a sort of instinctive sense of synthesis. Crushing a man under a multitude of facts rather than familiarizing him with a few light-giving principles destroys his intuitive genius. There is no reason to suppose that a cancer cure will emanate, except by accident, from a research laboratory that uses IBM tabulating machines and that blindly tests one after another plant or chemical reaction.

While educators are scrutinizing medical schools they would do well to consider if a gifted man could flunk out because he couldn't press all that academic, scientific and factual knowledge into his brain. It would also be a good idea to consider if a young woman with almost a gift for healing could fail to qualify for a modern nursing school because she couldn't master in academic form the knowledge which she makes use of almost by instinct.

## II. SECULARISM

Another root cause of confusion in medical circles is secularism, which took man out of his eternal context and made this world his be-all and end-all. Naturally this secularization took place gradually. What is more important, it came about by implication rather than by direct statement. Had the secularists said, "There is no life after death, so let's eat, drink and be merry," many would have opposed them. What they did rather was behave according to the diminution of their belief in immortality, which meant finally that this life and the things of this life became precious to them to the point of an obsession. To their frantic search for health no one could oppose a contempt for health because health *is* a good thing. Religious people could only say, "Yes, health is a good thing, but it is not the best thing; its loss is not an unqualified disaster. *Relative* to honor, sanctity and eternal life it loses some of its importance." But no one allowed them to say it. It was part of the unconscious strategy of the secularists to keep the discussion strictly *ad rem*, to circumscribe all discussions by their own narrow limits.



## Life and Eternal Life

If we are to live forever, in Heaven or in Hell, then this life here on earth is a mere trying ground, an overnight stop in an uncomfortable inn. It is terribly important, but its importance rests entirely on how well we acquit ourselves. A long life is not necessarily an advantage. It is only advantageous if one is advancing toward sanctity at a steady but slow pace which needs ninety years to prepare one for Heaven without going through Purgatory. It is also advantageous for a wounded man in mortal sin to recover consciousness in order to repent, or a sick man to regain health in order to do penance. There is a story told of a saint who prayed for someone to recover from a severe illness, and whose request was granted; but God revealed to the saint that it would have been better for the person to die, because he would now save his soul with the greatest difficulty.

It is only God Who knows when a person may most advantageously die and it is not for us to go about trying to be clairvoyant on the subject. Our role is rather to do what is right according to the circumstances and our states in life and leave the rest in God's hands. We are not arguing that if a man sickens he should be let die on the theory that now is God's time for him. This is what the pagan medicos like to insinuate that religious people advocate. But the shoe is on the other foot. It is they who are, in a paradoxical manner, taking eternal destinies in their own hands. They are the ones who have learned to prolong life by extraordinary means and under such difficult conditions that the strongest man is tempted to despair and suicide. They are the ones who now propose to cut life short according to their own sentiments. They are the ones who have decided that a grown woman has the right to live at the expense (murder) of her child.

It is interesting to note the case of infant mortality. One often hears modern medicine brag about the reduction of infant mortality as an absolute good. Ironically, when more children died in infancy the majority of children were baptized and so went straight to Heaven. Now they live on, but in a world which is oriented away from the salvation of souls. If their lives prove failures for eternity they might better have died, baptized, before they reached the age of reason. This is not to say that the medical profession is directly or even in this case indirectly responsible for the neglect of Baptism. It is merely to say that no one can brag about the decrease in infant mortality as an absolute good. It would be good if other things were equal. Medical progress of this sort cannot claim an absolute measurement of good. It can-



not even say, "We've done our part, what is the matter with the priests and the ministers" (like the scientists who say, "We've invented all these fine things; it's not our fault that the moralists can't control the use of them"). Doctors, too, belong to the moral community and have a duty to rid society of secularism. Like the scientists they are perhaps more deeply implicated than other people in the worsening of society, if only because theirs was the graver responsibility neglected. After all, they deal daily with life and death.

When men lose their belief in immortality they naturally tend to exalt this life as an absolute. If they forget about the soul which lives forever, they become terribly solicitous about the body which is the *sine qua non* of their living now. This is what happened to the secularized modern world. Life—not the *good life* which always looks beyond the grave—but just life under any conditions and at all costs became an absolute. The whole orientation of modern medicine was to the end of preserving life. The doctor, from having been a little higher than a veterinarian or a barber, became a sort of priest honored in almost a mystical way. It can hardly be accidental that great hospitals have a suggestion of the cathedral about them, or that the operating table is like a high altar.

We said before that the scientific element in medicine followed its own nose in its researches, and that that necessarily involved direction from an unconscious bias. Secularism is the main bias. Medical research tended naturally to fit into this philosophy and sought to discover ways of prolonging life (when it might otherwise, for instance, have been looking for ways of preventing disease by keeping an organic balance of elements in the body). So it developed surgery to a fantastic degree, and with it the fabulous and fabulously expensive operating rooms of the modern medical center. Great surgeons operate for six, seven and eight hours on one patient. Most of their patients would normally have died save for their ministrations. Besides the surgical advances there have also been developed extraordinary means of prolonging life under artificial conditions—the oxygen tent, intravenous injections and such.

With all this, which really did extend life under extraordinary conditions and extraordinarily difficult conditions, the amount of pain and suffering was increased and prolonged. So the inventive minds of medical research "naturally" tended to the discovery of all sorts of opiates and pain killers. This trend tends as a term toward the state in which men are kept alive in so maimed and/or

doped a condition that the patients, relatives and doctors all wonder if it isn't better to put the wounded and virtually useless specimen of a disfigured humanity to a merciful end.

### **Not Life, but the Enjoyment of Life**

When secularism had run its course and God was virtually eliminated from temporal life, it naturally came about that the more fleeting and intense pleasures of life became highly valued. Without God men despair, so they turn to the pleasures of the senses, or to great business and activity, to hide from their despair and these pleasures in turn bring despair in their wake. Such being the case men wanted to use their bodies intemperately. They wanted all the pleasures of eating, without temperance or fasting or frugality. They had an unquenchable lust because they didn't know a satisfying love. They couldn't take time to rest or recuperate or slow their systems down to a normal pace. They were too busy making money, too afraid of the inactivity which would leave their minds face to face with the losing game they were playing.

So they demanded of the medical profession not so much life now as license. They wanted a drug which would keep them awake when their bodies craved the sleep necessary to recuperate lost strength. They wanted other drugs which would overwhelm a tormented mind with sleep. They wanted vitamins to compensate for the denatured food which their own avarice had foisted upon them. They wanted sundry pills to aid an overtaxed digestion. They wanted, as the advertisements so alluringly say, not to suffer the penalties of over-indulgence. But the penalties of over-indulgence and neglect are not just due retribution in the order of pain and spiritual cleansing, although they are also this and therefore of great merit if accepted with the proper dispositions. They are also nature's effort to heal itself by precipitating the conditions of recovery. Persistent neglect of root requirements of the body, possible because we can now be hepped up with drugs acting more or less superficially, means an ultimate, premature and pretty devastating reckoning.

### **The Irony of the Modern Situation**

The modern secular doctor is caught up in a set of circumstances which criss-cross with contradictions. Yesterday he was driving himself to keep alive human beings under practically test-tube conditions. Tomorrow he may deliberately kill these unfortunates, and a variety of others, with noble motives. Meanwhile the poor victim of either too long or too short a life is kept in an atmosphere almost hermetically sealed against the useful



information that he soon may die. The one thing he is not given is an opportunity to put his soul in order. The only attitude toward death which is thoroughly lacking in the average hospital is a realistic one.

It follows as a corollary to secularism that suffering makes no sense. If there is no life after death, no possibility of gaining grace for oneself or others, suffering, as in animals, becomes an absolute evil. Euthanasia follows as a natural consequence.

### III. MEDICAL MONEY AND SOCIALIZED MEDICINE

There are certain things which can only be done for love and not for money. The priest's work is one of these. So is a wife and mother's twenty-four-hour-day total service. So is nursing, which demands not only an aptitude but also a devotion, which cannot be successfully constrained within set hours and a strict routine. So also is medicine. We call it a profession to indicate that it transcends the commercial, but that word has lately been debased by using it to ennoble things like advertising and public relations which could be more exactly designated as rackets.

There is no point here in tracing the decline of medical ideals in detail. Suffice it to say that "for love" must mean primarily "for love of God," if it is to hold its own. The humanitarian motives which characterized the age of philanthropy just passed, are insufficient. If a doctor has to love his patients for their own sake rather than for the love of God, he is going to be disillusioned and find contempt and disgust creeping in. Or sentimentality. It is false compassion springing from a sensitive nature not rooted in supernatural virtue, that advocates euthanasia.

Two tendencies are noticeable among doctors who have lost the true spiritual ideal. The natural idealists who might easily have become saints are the ones who are transgressing Christian moral principles. They are the euthanasia and birth control advocates. Their ideas spring not so much from viciousness as from misdirected goodness. On the other side are the doctors who go after money and who see in the profession chiefly a means of enriching themselves. These doctors, too, would have found great strength in a strong spiritual ideal, yet their sins seem more deliberately in the order of self-love than those of their idealistic colleagues. We tolerate, even respect, the rich medico. We are impressed by the thick carpets of his office. We are a little proud that our operation cost two thousand dollars (as though we had had the privilege of being sliced by some godlike creature). It

hurts, but it also tickles our vanity that Dr. So-and-So, who is treating our heart murmur, demands twenty-five dollars for the very privilege of crossing his threshold. Very many doctors now love money, and we respect them for it as long as it is done with professional dignity. All our wrath is reserved for the contraceptive people, the therapeutic abortionists and the euthanasia advocates. This is right in a certain sense because no matter how lofty their motives, they are perverting the very foundations of medicine. But on the other hand, if these doctors could recapture true spiritual principles they could be counted on to restore the profession at great sacrifice.

Probably widespread avarice among doctors (and it is widespread; young boys now dream of medicine in terms of a Park Avenue practice), countenanced and sometimes encouraged by us, is the broad base of the road leading to socialized medicine. It has its counterpart in nursing, with unions and constant demands for higher wages and shorter hours. Nurses are generally discontent and someone has sold them on the idea that it is because they are underpaid, which it is not.

### **Health Comes in a Bottle**

It is usually said that people have never been so healthy as they are right here and now in America. It is a disputable point. The great scourges which wiped out whole populations have at least temporarily abated, so there may be less serious sickness. On the other hand a good case can be made for saying that health has never been at such a low ebb under ordinary conditions. Americans keep going only with the constant aid of vitamins, aspirin, laxatives, cold medicines and sleeping tablets. They are not exactly sick, but neither have they a positive health, which is vital and energetic. Their bodies don't operate normally without the help of drugs. Drugs are expensive, especially vitamins. It costs money to remove the minerals and vitamins from our food by denaturing, and then it costs money to supply them in an artificial form. Moreover, something is lost on the way.

### **Degenerative Diseases**

The major modern problem in medicine is concerned with degenerative or deficiency diseases such as cancer, tuberculosis, dental caries, heart ailments, and others, which have or may have their origin in some unnatural or inorganic food or mode of living. There is a growing protest from men who have faced these problems squarely and *wholly*, that such things as white bread from bleached flour, white sugar, pasteurized and diluted milk, and chemical fertilizers used in farming, bring about the



disposing conditions for these diseases. (Like the weakened tissue in which cancer grows. Sometimes you hear, for instance, that pipe smoking "causes" cancer of the mouth, but it will only cause it by irritating already deficient tissue. That is why cancer removed from one spot often crops up in another. The pre-disposing condition remains. It does not seem that the main stream of cancer research is directed toward this weakened tissue, but toward the cancer cells and how to kill them.) God has given us the conditions for natural health within a wide latitude. The Eskimo can keep healthy largely on blubber, the Swiss mountaineer on dairy products, the Scotchman on grains and the man of the tropics on fruits and fish, so long only as all these are *whole*, that we take the elements of them in the living synthesis that God has made. A similar principle applies to drugs. Even primitive people have known by tradition and experience the curative effects of certain herbs. Some of the most striking modern drug discoveries are based on or are substitutes for this folk knowledge. It used to be the fashion of doctors to despise folk wisdom, but now they know that the old women who used foxglove for dropsy were applying digitalis in its natural form, that ma-huang, a herb used by the Chinese from ancient times, contains ephedrine. So too, penicillin is just a certain form of mold, or its chemical "equivalent." Sick dogs have always by instinct burrowed into the moldy earth of forests and lain there until they recovered.

It would be wrong to exalt the primitive unduly, but the herbal medication did have one advantage, that the specific remedy was found in natural combination with other subsidiary and often beneficial elements. The effects were generally milder and more diffuse than with the modern drug counterpart. Also they were found in organic matter. It is problematical whether synthetic drugs are really a substitute for the living elements, or only a reflection of them. With vitamins there is a vast difference in the effects of the chemical and natural ones.

Underlying all of these considerations there is a basic principle which is that God intends us to conform with the way He has set up the world. If we don't conform we get into subtle and mysterious trouble, and then if we won't mend our ways we have to try to set ourselves up as gods and order the whole universe on principles of our own devising. That's what is going on now. Besides being sinful, it is also very costly. We have mentioned our drug-store health. There are other much more expensive factors.

The modern diseases seem to be especially expensive ones to treat. Cancer is the occasion of very frequent and very expensive surgery. If the case is hopeless it nevertheless takes considerable time to run its course, with hospitalization, expensive dressings, expensive opiates. Tuberculosis needs protracted periods of specialized hospitalization. The national dentist bill is colossal. The price we pay for our sins of commerce, exploitation, luxury and sterility can be reckoned in dollars as well as pain. It raises the national hospital bill astronomically.

### **Research Foundations**

Our generation is very concerned to find the prevention and cure of the modern scourges. To this end we have set up national foundations of various sorts to which all Americans have contributed generously, amounts in the millions. These foundations stand high in national health costs. The cancer foundation recently approached Congress directly for huge appropriations.

Questions have to be asked. What is the relationship between ten million dollars and the cure of cancer, if any? What is the relationship between Christmas seals and the cure of tuberculosis? What now, since it is the newest thing, is the raising of public funds going to do to prevent heart disease?

To take the last case first. Lots of people die of heart disease. It's a wonder more don't, with the stepped up pace of our society and the dog-eat-dog nature of our business world. Almost anyone would be qualified to diagnose the condition. He would recommend less anxiety (trust in God's Providence), less avarice, more walking and less rushing from coast to coast by plane. He would suggest a return to simpler desires and simpler modes of living. For those who have really great responsibilities from which they cannot withdraw, the remedy is undisturbed inner peace, another name for which is contemplation. If the heart disease association were to use its money for setting up classes on how to pray, or in helping finance rural communities or "back to the land" movements, one could see a long range attack on the problem. However, their aims are otherwise. They propose to use the money for "education, research and service." In as much as this means telling people that a lot of Americans die of heart disease, it does not seem very necessary. The papers could do it on their own initiative. If it is to go for research, it will at best stimulate laboratory men to find another safety valve for our over-indulgence, another reprieve so we can go on with high-tension living instead of learning that money isn't everything and that we rest wholly in God's loving hands. Sometimes these health and research



foundations look very much like feather bedding, like soft berths for a lot of high-pressure publicity men.

The New York tuberculosis society says that T.B. thrives where there is dirt, poverty and undernourishment, so it *knows* what the root cause is and doesn't need to do research on the matter. But is any of the money they collect diverted to making clean what is dirty, to making the poor rich or giving good food to the hungry? Or do they set up hospitals for the care of victims? No, in so far as these things are done they are done by Our Holy Mother the State. Even though most other local T.B. associations do care for victims of the disease, huge sums are still diverted to propaganda, thus fattening the purses of advertising and publicity men, plus a corps of sleek administrators. One would hesitate to accuse these people of deliberately creating occupations for themselves, yet one is reminded of the social workers in some New York hospitals who have invented the job of being middle men between the doctors and the families of dying patients, "to prepare the relatives to accept the fact that the patient won't live." This multiplication of unnecessary intermediaries is the bureaucratic spirit, a sort of organized device for receding from social realities, a national schizophrenia. And it costs money. Add a billion or so dollars to the national health bill for these foundations.

### **The High Cost of Hospitalization**

It costs more per day to lie fairly neglected, eating nearly nothing, on an iron cot-like bed in a bare room with five or six other people in a hospital, than it does to take a nicely furnished room with private bath in a good hotel and have three good meals sent up to you in bed. Furthermore, the hospital is tax free, doesn't have to pay dividends, and never suffers from a shortage of guests, whereas the opposite is true of hotels. Yet the ordinary hospital shows a deficit. Why?

The ordinary voluntary hospital doesn't extend much charity. Even ward patients pay, or the city pays for them. Out-patient clinics get the doctors' services free and charge the patient what he can pay, which should cover materials. One eye-ear-nose-and-throat hospital in New York made forty thousand dollars profit on the glasses it dispensed to clinic patients in one year alone.

A major effect of the Blue Cross and other hospitalization plans is the guarantee of prompt payment of hospital bills. These plans have been of great financial advantage to the hospitals.

Another factor in hospital costs is that hospitalization is now the norm, even for childbirth. It seems better all around to have

children at home, and it certainly costs less. Now babies cost a minimum of \$150 in large cities, for no good reason except that we have been gradually forced into the hospital pattern.

If you add up all the extraordinary expenses of hospitals, such as the very expensive equipment in the operating room, the high cost of drugs and the increasing cost of personnel, it still remains somewhat of a mystery why hospitalization comes so high. And there let us leave it, as a mystery. Possibly it is one which should be investigated by proper authorities. It may be that there is graft, carelessness, waste, or gross inefficiency in some cases. It may be that large hospitals are by nature uneconomical. Perhaps it would be cheaper to keep the elaborate operating equipment in one or two hospitals in a city so that other hospitals can concentrate on nursing care without big investments for seldom-used equipment.

Howsoever that may be, staggering hospital bills are precipitating socialized medicine.

### **The Socialization of Medicine**

The pressure toward socialized medicine or socialized insurance or socialized anything else is the anguished need on all sides for a central authoritative disposing agent which can effect an equitable distribution of money and services. It responds to the hunger for God with a substitute god, the bureaucratic state. With God as the disposing agent, as formerly, men had but to follow His laws, natural and supernatural, and an harmonious relationship of all factors would be achieved through the instrumentality of the free wills of men (and involving, as God intended, the perfection of the men concerned). This substitute god, the welfare state, disposes all things deliberately by human reason, in *disregard* of men's perfection. It encourages human irresponsibility and graft. Men are (such is their nature) less solicitous about public property than their own. More people are unemployed when there is unemployment insurance, quite a few people went to the hospital every year "just for a rest" when the hospitalization plans went into effect.

Socialized medicine will be much more expensive than private medicine because to the same costs (enhanced by graft and waste) will be added the salaries of an army of bureaucratic administrators and their clerks. Furthermore it will not work; that is to say it will not even achieve the efficiency and equity that it promises. One has only to look at Soviet Russia to see that "each according to his needs" cannot be attained by legislation and that bureaucracies are hopelessly inefficient.



Religious people have special things to fear from socialized medicine. They see Freudian concepts invading hospitals. They see the ever-increasing pressure for euthanasia, sterilization and therapeutic abortions. They fear, rightly, that government control can force an anti-Christian mold on the whole medical field.

### **The Alternative**

The opponents of socialized medicine, however, are ineffective. Merely to be against it is like being against the law of gravity. Socialization is the natural conclusion of a hundred converging trends in every branch of medicine.

The alternative to socialized medicine is a root and branch reform of the whole medical picture in accordance with natural and supernatural principles. Even those reforms which unbelievers and atheists can subscribe to with their natural intelligence, like the necessity of whole foods and organic treatment, cannot be effected without a tremendous religious revival, because to accomplish them means that men (not just doctors, or even primarily doctors, but farmers, bakers, the lords of the drug business and the great food corporations) must be pried loose from their avarice, detached from their vested interests, and must make tremendous sacrifices before God for the common good.

Our sin, as Christians, would be to despair in advance of converting men, or at least a sufficient number of them to a reform and a new life.

Among doctors and nurses the reform will probably begin when they grasp the idea that medicine is essentially a labor of love. An analogy may help.

Suppose parents were to revolt against their voluntary services to their children. Let us imagine that fathers demanded a dollar an hour for walking the baby at night and that mothers wanted union hours and time and a half for overtime. Also let us suppose that mothers were to specialize in nursery work and demand the services of cooks and other experts to prepare baby food. All this, of course, to be paid by the state which would also have to cough up a thousand dollars per baby as a bonus for maternity. Something of the sort happened in Russia when the state tried to take over the care of children. It failed of course. Things that God intended to be done out of love must be done on that basis. To try to do them otherwise involves fantastic costs (quite apart from more important ill effects). And God will see to it that the laborers are taken care of if they trust in Him and do things His way.

Medicine is not exactly like this case, but it is something like it. God intended the sick to be taken care of out of love as the chief motive, and in all sorts of informal as well as formal ways. The wherewithal necessary for doctors and nurses would follow. However, if you reverse the procedure and look *first* to the welfare of doctors and nurses, and to the financial stability of hospitals, you can expect neither prosperity nor health to follow.

PETER MICHAELS

---



T.B. or not T.B.

Healthy inhabitant kindly comply

With the wishes of Science, the all-seeing eye,

Think of the gladness when you've been instructed,

The X-ray went through you quite unobstructed.

## Body and Soul

Are you suffering from myopia, anemia, cataracts, nausea, asthma, or other ailments? Do you feel unaccountably weary, sleepy, or hungry?

If you have any of these symptoms, perhaps you will join me in a little speculation; and if we don't come to any scientifically provable conclusions, maybe we can at least receive food for a little meditation.

Have you ever thought of the vast possibilities involved if it were true that our myopia were God's way of showing us that we are suffering from spiritual near-sightedness; that anemia indicates spiritual anemia; cataracts, spiritual blindness; nausea, an inability to stomach spiritual trials; asthma (a form of tears, the doctors say), a weeping for God, and so on? Can that unaccountable weariness be spiritual fatigue; our chronic sleepiness, a desire to escape the reality of the cross; or our constant hunger, a hunger for Divine Love? Why not? God has taught His lessons in many strange ways. Is it too much to expect Him to use the very simple one of letting our body tell us the state of our soul?

It will be the purpose of this article to show that such a pattern would not be contrary to either present-day scientific knowledge or religion.

The word "psychosomatic medicine" is on everyone's lips today; it is the subject of many scientific and would-be scientific articles in both purely scientific publications and those that cater to the interests of the housewife or the man in the street. We are all familiar with the theory that the body has a language that bespeaks "emotional" conflicts. Examples are given to show that when we are embarrassed the body uses the language of blushing to indicate our emotional reaction, when we are angry we tremble, when we are afraid or excited in some way, our heart-beat is accelerated, and so on. These examples are familiar to us all, and we accept them. Science then goes farther, and tells us that the body speaks its language in many other ways than these few obvious examples. Many of these ways are known to science already, and many more are still to be discovered. In a perusal of books on psychosomatic medicine, we learn that the most common site for the body to express its emotional conflicts is the intestinal tract. Those of us who for years have been suffering with dyspepsia discover that we are suffering really from a feeling that we are not being appreciated, are not getting enough love. Lack of space precludes my enlarging upon the very fascinating reasons



for this phenomenon. Suffice it to know that our continued feeling of lack of love in our life may be the eventful cause of stomach ulcers, or other forms of gastrointestinal illness, which often warn us of their presence by giving us what we laymen call "knots in our stomach." Similarly, when one feels that he has given more to the world than he is getting in return, he shuts up his bowels, and develops constipation, which, in turn, brings in its wake numerous other ailments. Migraine headaches are explained as coming from feelings of resentment, inability to keep food on the stomach as an inability to stomach one's life situation; urticaria (skin rash) as the sign there is someone we should like to scratch, but being civilized we refrain, and so have to scratch ourselves instead.

At first glance all this seems too ridiculous and far-fetched for words. But is it? Our men of science are serious men, and they tell us that these things are true; in fact, they can prove it by citing numerous case histories. So whether we like it or not (and we generally do not, if we find our own ailments ignominiously explained away) we accept what our men of science tell us.

Science does not yet go so far as to say that *all* physical illnesses are the result of emotional conflict, but if we read the articles as they come out year by year we find that more and more ailments are thus traceable. Even in those whose origins are still considered to be completely physical, we are told that there are often complications because of the emotional factor.

Now in view of the above, would it be too much to push the discoveries of science to their logical conclusion, and speculate on the possibility that all diseases are psychosomatic in origin? For the moment, let us rest on that possibility, and turn to religion, to see what our Catholic teaching has to say on the subject. Is there anything in our faith that would lead us to believe that sickness and emotion are connected?

First, let us translate scientific terms into spiritual ones. Instead of using the term "emotional conflict," let us use instead "spiritual conflict."

When man was first created his will was united with the Will of God; he enjoyed the gift of integrity, that is, his powers were perfectly under his control. Man was not subject to sickness, pain, or death. The first sin, that of pride and disobedience, was the result of the disunion of man's will with that of God's, and brought in its wake disorder of the passions, sickness, pain, and death. God never does anything without reason. Doesn't it seem reasonable then that there is a real connection between the

rebellion of man's will and the loss of his preternatural gifts? Doesn't there seem to be a definite relation between the conformity of wills and bodily well-being? If there is, would that conformity be demonstrated by a perfectly healthy bodily state?

At first sight the answer seems to be "yes." We see a soul so sweetly docile to the divine action in his soul that inner peace floods his entire being, body and soul. His soul is radiantly healthy, so is his body. Each time a trial or temptation arises, his perfectly conformed will abandons itself to Divine Providence; there is no conflict to upset the body; there is health and peace. Such a person lives to a ripe old age, and eventually dies simply by the gradual deterioration of his material being. A happy picture, isn't it? An ideal for us all to strive for.

But wait—aren't we overlooking something? What about those holy souls who died at an early age, the Little Flower, for instance? Are we to infer that her early death was a result of her lack of abandonment to Divine Providence, a lack of conformity to the Will of God? We are told by the little saint herself that from the age of three she never refused God anything. We simply have to believe that her soul was as perfectly united to that of her Spouse as it was humanly possible to be; yet she suffered from vertigo, nausea, and tuberculosis, which brought her to an early death at the age of twenty-four. In reading the lives of the saints we nearly always find a history of great physical suffering not accountable for by the extreme austerities that they practiced. There can be no quarrel between science and religion, so there must be an answer.

It seems to me that the factor we must consider is that the soul has both lower and higher faculties, and around this revolves the solution to the problem. It is true that if our soul, in both its lower and its higher faculties, could be completely united to the Will of God, entirely abandoned to Divine Providence, pliable under the Hand of its Spouse, there would be no spiritual conflict, and the life of the body would be one of radiant health. But in the fallen state of our nature, since that first sin of man, such complete abandonment is impossible. Man has lost his gift of integrity; no longer has he control over his passions, and no matter how perfectly conformed he may be to God's Will in the apex of his soul, his unruly passions are still in rebellion, and will cause conflict in the lower part of the soul. Lehoudey brings this out very clearly in his book, *Holy Abandonment*. It is told of one of the saints (Saint Francis de Sales, I believe) that at the death of his mother he threw himself on the floor in a paroxysm of grief,

yet all the while he was perfectly abandoned to God's holy Will. No matter how much we are united to God in the apex of our soul, we shall always have a battle on our hands down in the human part, and it is this battle that carries over into the body. It is this spiritual conflict that makes us sick.

In the case of the Little Flower it seems reasonable to believe that the very fact of her perfect conformity to God's Will made her battle all the more intense, with the result that her body was worn out at an early age. She was so sensitive that she was able to see every expression of the Divine Pleasure, even in the smallest, most inconsequential happenings of the day. To each of these expressions she was perfectly docile, yet at what a price, for each act of submission cost a fresh struggle with her rebellious self. The very fact that she suffered in an extreme manner from timidity and sensitiveness shows that her human nature was exceedingly strong, and the stronger the human nature the more terrific the battle.

Granted that we are all subject to spiritual conflict, if we assume that such conflict is expressed in bodily language, how can that knowledge be of help to us in the spiritual life?

God has given us material things to teach us about spiritual things. To go to God through creatures is the first step in the spiritual life. Since this is true, and since science teaches that the sickness of the body indicates sickness of the "emotions," isn't it a logical step to go farther and conclude that the sickness of the body teaches us the sickness of the soul, or, more specifically, the nature of the bodily illness can show us the nature of our spiritual struggle?

Let us take a case history or two and see whether our theory makes sense. The scene is the clinic of tomorrow, a clinic whose personnel includes physician, psychiatrist, and priest. Evelyn comes to the clinic, giving a history of knots in her stomach, which at times become so severe as to cause nausea. First, the physician gives her a complete physical examination, and finds that Evelyn is subject to pylorospasm (spasm of the pylorus, the outlet of the stomach). The physician determines the cause of the spasm to be a peptic ulcer, for which he prescribes diet and medication for cure of the ulcer, and consultation with the psychiatrist to go behind the scenes of Evelyn's conscious life into the unconscious, where the underlying cause of the ulcer lies hidden. After several interviews with the psychiatrist he discovers that the patient's trouble dates back to her childhood. The fact that she was an only child gave her the idea that she was a little queen, upon whom every one would lavish the same affection as did her doting



parents. Contact with the world at an early age gave her a rude shock. Her sensitive nature felt the lack of affection that she craved, and the conflict showed itself in pains in the region of the stomach. (The taking in of food is associated in infancy with love and affection; hence the incoming region of the intestinal tract is the place where this particular problem of insufficient love shows up.) The psychiatrist, having a full understanding of the spirituality of the conflict, does not make the mistake of attempting to solve the difficulty on the human level. He does not try to teach Evelyn how to adjust herself to the apparent callousness of the world around her, or to forget her trouble by taking up a hobby, or to fill her life with romantic love affairs that will satisfy her craving for affection. Instead, after an explanation to the patient of her difficulty, the psychiatrist sends her to the priest. It would be an over-simplification to say that the priest in one or two easy lessons teaches his patient confidence in Divine Providence, a complete trust in the abundance of His Love, and at the same time a healthy humility, which is not constantly yearning for human affection, but which instead seeks to spend itself in giving. Such a procedure would be a good beginning, and would no doubt take care of Evelyn's relationship with those around her; but we are interested in more than that. We are concerned with what goes beyond our relationship with persons around us; we are interested in our relationship with God Himself, and in what way this information about a soul can help it in its progress toward union with God.

In the case of Evelyn her particular spiritual problem is a great desire for love and a feeling that she is not getting it. The priest, with his understanding of the divine love story, teaches her that every soul is created to love and to be loved; her desire is therefore normal and right. Evelyn immediately feels reassured, because every one likes to know that he is a normal human being. Then Father unfolds for her the whole story of love in the Trinity and our participation in it, giving her to understand that her ultimate purpose of existence is to be united forever with Love Itself, by participation in the Love of the God-Head. Evelyn gradually comes to understand that the craving she feels for more love is not merely a longing for human love, but a deep-rooted longing for God. She learns that her love for created things is a participation in Divine Love, and that her spiritual growth will consist in seeing God in all the good things that He has given her, in loving Him in them, but at the same time in not being content to rest in the consolation of their love, but in going beyond them in a search for God Himself. Evelyn sees that the inordinate

intensity of her craving, resulting in enough conflict to show itself in bodily language is caused by self-love, which is not content to rest humbly in the amount of love that she has, until such time as the mysterious combination of God's grace and her own growth in generosity increases the love in her soul. She grows in humility by learning that what she thinks is lack of love from the outside is instead her own lack of love on the inside. God's love in all its fullness is never lacking to any of us; it is only our own souls, filled with self-love, which block the way for its reception.

Then there is the case of Bill, suffering from nervousness and headaches. The doctor diagnoses his trouble as essential hypertension (high blood pressure), and gives him a routine examination of kidneys, thyroid, and so on, all of which are negative. Medication is prescribed, and Bill goes to consult the psychiatrist. Interviews reveal that Bill is a highly intelligent chap, moderately successful in his work, and has just been given a promotion that involves a good deal of responsibility. The psychiatrist explains that any sudden fright will elevate the blood pressure. After the fright has passed, the blood pressure returns to normal. It is believed now that in the cases of chronic, subconscious fear the blood pressure rises and remains elevated. It seems that Bill is the type that suffers from subconscious fear that he will not be able to realize the ambitions that his keen mind tells him he should achieve. His fear of failure keeps him from attempting any undertakings that may not prove successful, hence he finds excuses for avoiding them. In the case of his present promotion, it was up to him to take it, and his subconscious fear of failure aggravated his symptoms. Explaining this to Bill, and getting him to accept it, is the delicate task of the psychiatrist; but after its accomplishment, the priest takes over the patient.

Ambition and fear of failure are rooted in pride, which in turn is ultimately rooted, of course, in self-love. Translated into terms of the supernatural level, these dispositions indicate that Bill's spiritual life will be motivated by spiritual ambition, which, while being an imperfection, can be turned by God into spiritual growth. So the task of the priest is clear, and he sets to work on Bill to teach him abandonment to Divine Providence, which will help both his spiritual ambition and his fear of not attaining it.

Let us see what conclusions we can draw from our speculations thus far. (1) Scientific knowledge, so far as it has progressed today, teaches us that the body has a language to show us what is happening in our emotional life. (2) Spiritual writers teach us that there is conflict between the lower and the upper faculties

of our soul. Translating these two ideas into the three levels—animal, human, and divine—we admit the possibility of the following conclusions: Bodily symptoms indicate trouble on the animal level, that is, our animal man is sick. This sickness has its source in conflict on the human level, that is, we are having emotional disturbances. (3) The trend of our emotional disturbances points out the nature of our spiritual conflict, which is on the supernatural level.

It seems to me that this fits in beautifully with the Divine Plan. God draws all creation to Himself, beginning with the lowest level on up through the highest. We already know how it works out in the simple process of assimilation: Mineral, plant, and animal life being assimilated by human life, which, in turn, will be transformed by Divine Life for all eternity. In the same way God can show each of us the way his own spiritual life will unfold—through body, through soul, and through spirit. Such knowledge will aid us in attaining the fullness of that life.

In conclusion let me repeat that if our speculation has not been able to prove our point scientifically, it can be the means of providing food for meditation. Following the advice of Saint Catherine of Siena, I can enter into the cell of self-knowledge, and can take with me some very purifying companions, such as anemia, low blood pressure, endocrine imbalance, astigmatism, and night blindness, each one of these God-given teachers being a contributor to my growth in humility. By the time I see myself as anemic in love for God, lacking energy to persevere in the face of trials, wanting in ability to reproduce spiritual children, unable to see the spiritual life in its proper focus (without spiritual spectacles), and lacking the faith to travel confidently through the dark night of the soul, my cell of self-knowledge is getting so bathed in light that I forget to worry about whether it is scientifically produced or not.

All I can do is start sweeping the debris from the cell.

ELEANOR GRAHAM

---

### SPECIFIC

Does Gramma's plight disturb you  
And get into your hair?  
Just send her on her merry way  
With ten cc's of air.

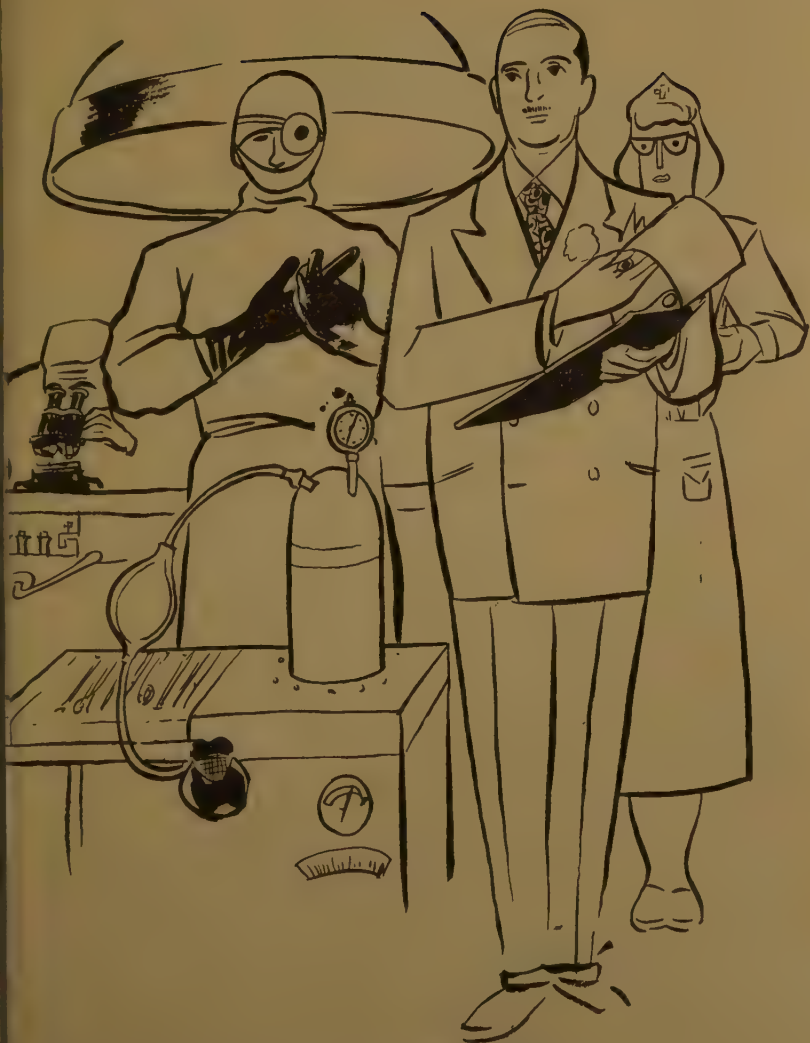
N. B. Don't let it phase ya  
Use euthanasia.

N.N.B. Don't be depressed if you don't own a hypo.  
Beginners do well with a short length of pipe-o.





*EXIT: The Art of healing* —



TER = *Science and the State*

## From a Letter . . .

I was in the hospital having a baby. One day the whole building was rocked with the most frightful screams from the delivery room. Later they brought a woman down and put her in the bed next to me—she had been the screamer, having a breachbirth, her eighth child. I was simply drooling with sentiment, but the conversations that developed during the following days revealed that the eight were not here because she allowed them but only because she could not hinder them.

She talked with the other woman in the room about it. They compared notes and this was the picture. She was an Irish woman married to a Yankee, a non-Catholic, and was very poor. In her visits to the local welfare she was talked to in a motherly way by a bunch of high-minded birth controllers who persuaded her to go to the welfare clinic, or whatever they call it, where preventives are dispensed and even demonstrated (believe it or not) with mirrors. How high-minded can they get? The birth control treatment and philosophy, the former failing but the latter eminently successful, had left in their wake a poor, ignorant, good-natured little woman, convinced that she was scum because she wasn't smart enough to use them with effectiveness, feeling guilty because she continued to produce these children, her husband more and more irritated as each new child appeared, less and less respectful, less and less inclined to play the role of father and husband, feeling hardly any ties, any loyalty, only exasperated because he was tied to her and she too dumb to do her part right.

The whole was contrived so diabolically that the Will of God, and in this case He seemed determined to have His way in spite of all the contrary efforts, had no conscious part in it. She should have been ennobled, respected, beloved and revered—but she was a failure! She told the whole tale, with that kind of shrugging good nature that the poor who are dumb and know they are dumb have when they talk about themselves, and she summed it all up with, "Jeez, I dunno, I guess I just ain't smart enough. I get caught every time." She had a sister who was smart enough though, who came to visit her in a cheap fur coat with movie magazines under her arm, childless and with a husband in the Navy—he a good-natured, lovable guy who adored the eight nieces and nephews and wanted some of his own. The sister took the oldest girl in with her, was teaching her how to do hair dressing and making a replica of herself out of her. She was a sweet-faced little girl of about thirteen or fourteen who came in one night, embarrassed but determined to something with her



mother's hair and, while the rest of us, prettied up, were talking with our husbands, the little girl got out a bottle of wave lotion, a fistful of bobby pins and a comb and ribbon, and put her mother's hair up in pin curls. The husband came in once or twice—never smiling, tall, thin-faced and mean looking, asked her how she was and hurried out again, bound for some summer resort up in the Berkshires where he said he had a few days' work at a roadside stand—and leaving her without a kiss or a handpat or even a congratulation. Her legs were swollen and purple with varicose veins, elevated and out from the covers, ugly and frightening, and she suffered terribly from after-birth pains. But you—at least I—had never seen such stoicism, though it wasn't even that. It was simply that she was inured to it. She was the ignominious, misshapen, doughy little cause of all their troubles, pitied or scorned or laughed at, and for her it all contrived to spell out simply *failure*. Her suffering during delivery was so unusual that all the doctors on the resident staff, all the OB's who happened to be delivering, or coming off cases at the time, had gathered in the delivery room to help her out of it. She had been conscious all the while. Her pain must really have approximated what Christ felt, at least part of the time. And it was the most ravishingly beautiful baby I have ever laid my eyes on.

She was a Catholic, but wasn't bothering any more with her faith because long ago she had been convinced that the best she could do in the way of serving in this world was to keep trying, somehow, to stop these children from coming. So she was neither beast, bird nor fish—no longer a Catholic because of the birth control, no longer a credited patient at the birth control clinic because she was too stupid to do what they told her correctly, and no longer anything to her husband but a chattel, useful only when there was passion to be spent, and little by little the children growing up and their picture of their mother colored by the attitudes of all those around her. It was utterly tragic. Most of all because she didn't even weep—it didn't occur to her, or she was too weather-beaten and subservient. She didn't even know she had a right to weep, or that of all the figures in the picture about her she was the object of God's compassion. Somehow I felt that with all her sin in the birth control business, He was bringing the children, permitting the agony, because He was determined to have her in spite of the sin. And whether or not she knew, He was sending her the means to win Heaven somehow in the end through all that suffering. . . .

MARY REED NEWLAND

## **Caveat Emptor !**

The gripping slogans set us all aglow.  
We marched our dimes en masse against the foe.  
We turned the trick, we vanquished polio.

Come, give to conquer cancer, was the cry.  
Tomorrow one in eight are sure to die.  
Our dollars saved the day, we won't deny.

How could we sit in cataleptic ease  
While millions, millions died of heart disease?  
And so we paid the price to rescue these.

At Christmas time we heeded their appeals  
And for men's lungs we bought the pretty seals.  
We ground T.B. to dust beneath our heels.

Dark fevers, plagues, the pox, the common cold,  
The creeping penalties of growing old,  
All these we mastered with obedient gold.

Because we financed each enlightened endeavor,  
The sick and their sickness were banished forever.  
We entered our kingdom, aseptic and clever.

Only one agent Death has now, a hideous flaw in our plans:  
We see the eyes of a murderer in every face we scan.  
Even bacteria had its price, but what is the price of man?

N. A. KRAUSE

# On Having Babies at Home

The most surprising thing about life is that it can be suddenly so much over life-size. This knocks humanism out in the last round, every time. Huge ungainly events, earthquakes, wars, and floods, even those strange everyday occurrences, dying and giving birth, refuse to be fitted into the little pattern of our days in farm, factory or office. This really is not strange at all if we think of it. When we say "life size" we are thinking of human life. But if we remember where life comes from, who is its prototype and its inventor, we realize that the true measure and standard of life is God's, that His alone are the specifications and the plan.

Birth is something so odd and disturbing that it is really shocking, not in the now-forgotten prudish sense, but in the full sense. Being born is so shocking an experience, some specialists say, that it leaves a permanent trauma on the infant's soul. Giving birth is quite a shock too, even though the protagonist is an adult. Yet shock is part of our most important experiences; it is therefore not the shock itself we should try to avoid but endeavor to prevent any crippling effects.

First, this thing pain. It dogs us through life, yet we are taught almost nothing about it, neither how to suffer nor why we suffer. In the West the last few generations have been nurtured in a particular horror of pain. Almost, indeed, in a cult of cowardice. I know I was. Added to our natural teleological shrinking from pain this conditioning makes us doubly vulnerable, more so perhaps than any people has been in the past. If pain seems the one thing unendurable, even nature's cruelties are more than we can face, and martyrdom is something beyond imagining.

Most of the young, however, have a healthy instinct for seeking hardship. Feats of daring and endurance appeal to them naturally. They like to climb, box, play rough games. In boys this taste is still somewhat encouraged by our softened society, but girls get almost none of it. Nor would they need these artificial difficulties if they were taught to face the pains of everyday existence. As it is they are morally unprepared for the hardships of gestation and parturition. Not only are they morally unprepared for pain, but they are intellectually rebellious against it. There is only one light in which suffering makes sense and if that light is hidden under a bushel they are justified in hating pain for being wasteful, wanton, savage. How can a woman



take pain in a "relaxed" way if she is fighting it body and soul? If she knows its purpose, if her reason is reconciled to it, she will suffer no permanent harm. If only we could remember that we are mercifully being given the chance to "complete in our flesh that which is lacking in the Passion of Christ." If we accepted it with complete confidence in God's care for us, we might find that the yoke really *is* light, and our pains might become as easy to bear as those of the martyrs. (I know a woman who unintentionally gave her dentist a shock. He was curious to know how she could stand without complaint the very painful work he was doing. She replied truthfully that she thought of Christ on the Cross, and that this made her own pains much smaller. This holds in every case. The dentist evidently thought she "had something," and although he "believed in nothing," he would keep coming back to this.)

Pain is certainly the most striking thing about childbirth. Pain and after that—joy. In the Old Testament God said, "I shall greatly increase thy pain and thy conception." In the New Testament He said, "A woman's heart is heavy when she knows her hour is come but then she rejoices that a manchild is born into the world." We have kept the first and let go of the second. We have increased the pain and killed half the joy. Women in different countries have told me of their experiences, have denounced the unnecessary miseries they have endured in hospitals, have protested particularly against the marring of their joy by the rules and regulations which surround the birth of a child today. I myself have had children in several countries. Never having been threatened with any complication which would have imposed hospitalization I had them all at home. I am not, therefore, an impartial witness when I plead for home deliveries. But I know of specialists in the field who are, and who plead as earnestly as I. Just two years ago one of the leaders of the nursing profession in the United States came out strongly for the home as the proper place to be born. In such a "progressive" European country as Sweden there has for several years now been a campaign against going to hospitals save in abnormal cases. The tendency seems to be growing amongst intelligent doctors and nurses as well as ordinary men and women everywhere. Let us see what the advantages are.

### **The Mother**

It is usually assumed that the superior hygiene, the greater convenience (space, equipment, care), the "low" expense of the hospital put a return to home confinements out of the question.

Under the present heading I will treat only the first arguments which directly concern the mother.

The low death rate amongst Patagonian mothers who pick up their newborn and catch up with their tribe, and amongst unmarried girls who have a child alone in miserable quarters and then clean up afterwards, has led a certain school of medical thought to argue that such activity is salutary and to try getting their unfortunate patients back to an almost normal life within a few hours of parturition. They are wrong in their main contention, not realizing what a heaven-sent opportunity for rest a confinement can be to an overworked mother. (She should let nothing but dire necessity drag her from her bed.) But they are right about the negligibility of infection. We often read of women who have, while being rushed from comfortable homes to hygienic hospitals, had their babies in highly uncomfortable, unhygienic taxicabs. If a child can be born in a taxi, it can be born in a bedroom at home. Although it is true that, thanks to the high degree of cleanliness customary in hospitals, the incidence of puerperal fever has been strikingly reduced in the last generation or two, yet it is admitted that the puerperal fever rate only rose high when hospital confinements first became general. The danger of cross-infection which in a hospital can never be totally eliminated, does not exist at all in the home.

This factor, hygiene, is therefore a compelling one only in complicated surgical cases. The same is true of space and equipment. Very little equipment is really needed. In those cities where children are still commonly born at home the pharmacies provide, at a reasonable rental, a drum containing the necessary things, already sterilized. The required equipment varies so much from place to place that I have come to look on almost none of it as completely indispensable. (In Italy an immense quantity of boiled water seemed to play a vital part. I do not remember anything like that volume being used anywhere else.)

Neither superior hygiene nor finer equipment nor greater space therefore make the hospital the "only place to have a baby." But even if all these factors were more important than they are, they would still be far outweighed by the psychological ones. What people call "satisfactory conditions of mental hygiene" can—in most cases—only be achieved in the home. When a child is born at home everything centers around the event. The entire household gives it its due importance. The mother's position is unique, her effort unduplicated, her achievement an undivided triumph. Noises are hushed for her comfort, her favorite foods

prepared. Women have often complained bitterly to me of their arrival home after eight or ten days in a hospital, exhausted for lack of sleep. The routine noises, the calls for doctors over the loudspeaker, the lights, the nocturnal emergencies of their neighbors, the brisk washings and ministrations just when sleep seemed near at last, the half heard cries of the babies (and one always imagines it is one's own baby crying) keep many women from resting until they leave the hospital and then they cannot do so because they have to begin to work doubly hard.

As for food, I have known a strong woman reduced to tears when faced by a tray of sauerkraut and spare ribs a few hours after delivery. Such a small factor as palatable food is quite important to a quick recovery of strength. Yet it is manifestly impossible in a hospital to discover the personal idiosyncracies of each patient and cater to them. A home can and does.

Amongst other physical factors which have a high psychological importance is the matter of breast feeding. It is not at all simple. The mother or child, or both often, have difficulty in getting started. It requires much patience—which a good nurse must have, and much time—which no hospital nurse can possibly have. Breast feeding is often given up when a little more time or a little more *personal* experience on the part of the nurse would have made it easy. (This is where female relatives with their memory of family traits and peculiarities come in useful.) Not only is the formula struggle added to the young mother's difficulties, but tactless handling of this matter increases the danger of the most painful of complications, breast abscesses.

Quiet, restful conditions, food to personal taste, time to experiment with breast feeding are important to the mother's well being. But the purely mental advantages of home confinements are greater still. Even the bravest of us has a sinking feeling in even the best hospital. Although today disinfectant odors no longer assail us, we rarely hear a groan, and walls are tinted or papered to look like home, yet there is here a weight of collective pain which only the professional optimist can fail to feel. For illnesses requiring certain types of treatment this atmosphere is inevitable and we must accept it. But childbirth is not an illness and this phony-homey atmosphere need not be accepted if there is a real home to stay in. The nervous apprehension of what is about to happen is enough, without the added burden of that specific hospital loneliness. The moment when we are most at sea, feel most lost, becomes also, for purely artificial reasons, the moment when we are least surrounded by affection, most aban-



doned to strangers and to our own fears. It is true that the professional brightness of the nurse on duty shames us into tremulous emulation. But hers is a poor substitute for solicitude and tenderness. (Only a saint can keep true loving kindness fresh through a hospital career. Saint Camillus de Lellis managed it and Saint Vincent de Paul's helpers did, but I wonder had they been plagued with as many precise rules as our nurses are, if they would have been as intelligent of individual needs or as loving.)

The girl having her first child finds herself suddenly in an unfamiliar, even repulsive atmosphere, alone, with all affectionate looks lost, no husband to talk to and encourage, no friends to ask little favors of. The worries of home are *not* left behind (Did I call the laundry or not? Will he have enough shirts? I must remember to ask him tomorrow if this is over . . . if tomorrow ever comes . . . if I ever see him again). She is not only utterly alone but what is worse she is one of a bunch. Her misery is not made *less* by being repeated on every side, it is *multiplied*. These bizarrely reflected images of her suffering self show her all the possible facets of as yet unthought of agony. She would show greater bravery if those who knew her were there to value it. She would be more patient if by patience she could soothe her family's anxiety. She would be less worried herself if she could hope to get a straightforward answer rather than a professional consolation. She would have less the impression of having stumbled into Hell if somewhere she saw a sign of personal love, the one earthly evidence of Heaven. Sometimes such thoughts in the midst of their pains drive women to momentary despair, or into psychosis, which is a more permanent relinquishment of hope. Sometimes diabolical iniquity masquerading as scientific method is let loose on these modern counterparts of Job. I know one sweet and very intelligent woman who came to New York as a bride some twenty years ago. She went to one of the best hospitals for her confinement. She still speaks with horror of that experience. *They tied her down* hand and foot. She says she was near madness then and the memory was so ghastly that she never had another child, and consequently ceased to be a practicing Catholic. I blushed to think of my own good fortune, how I had walked the best part of one night—stopping only for pains to pass—first by moonlight, then in the dawn, amongst the flowers of a sweet-smelling garden, listening to the warm waves of the Black Sea lapping the rocks below, and how I had only gone back to my room when I felt like it, and had been free to bear my child as I wished. I thought of another time, in Italy. I had awakened in

the night and phoned the midwife while the household slept, and had gone out in the cold spring night to unlock the big iron gate. The pale plumes of the mimosa brushed me and the oranges gleamed faintly among their dark leaves in the light of a distant arc-lamp. The midwife scolded me a little for being out in the cold and we both got busy preparing for the job. Work at such times has a most pacifying influence. I was considered a useful, responsible person and, apart from the technical points, I was running the show. That, I think, is where the main difference lies. My unfortunate New York acquaintance was not considered a free agent; when they tied her down against her will it was for the doctor's convenience; *she* was ignored. The torture chamber technique to which they subjected her must have been quite popular at one time. I remember hearing that it had temporarily unbalanced the mind and permanently wrecked the marriage of a contemporary in England; but I have not heard of its use in recent years. I *have* heard of worse things. When I read, toward the end of the war, how two sadistic youths (subjected to the long corruption of a wicked government) had amused themselves during the vengeful days of retreat by torturing a woman in the way I am about to mention I was almost physically sick. Yet now I have known from two reliable women that in two separate hospitals (good ones) in two of our eastern states the nurse in charge of the labor room had done the same thing. In the first case the nurse had, I was told by the patient, misjudged the length of labor and when delivery was immanent the doctor had not yet arrived. The nurse thereupon sat on the patient's legs to prevent birth until the doctor's arrival. In the other case the doctor had been delayed and the nurse did the same thing. Admitting that this sort of demoniac wickedness is the result of panic-stricken ignorance on the part of nurses who dare not take the responsibility of assisting alone at a delivery, then that means that *the training these females had received was*, to put it mildly indeed, *totally inadequate not only technically but ethically* (and it must be assumed that it was the regular training, since no mere nurse's aid would be alone on duty in the labor or delivery room). Bad as this supposition is, I am not sure that the truth isn't worse.

In the light of an experience of my own it may *not* be ignorance but *fear* of displeasing the doctor by letting things get so far without him. In England the hospital atmosphere is brought right into the home. (In Anglo-Saxon countries the medical profession surrounds itself with an esoteric aura much more impenetrable than in continental European countries.) The husband

s banished from the scene of his wife's labor, the nurse treats the patient with patronizing hauteur. My first two children were born in England. With the first I begged not to be given an anesthetic until I should ask for it. But the anesthetist was brought, and I was anesthetized, and although pains were not very frequent the usual cutting and forceps work beloved of modern obstetrics was instantly resorted to. The next time, on the other hand, although I had repeatedly asked the nurse to call the doctor she was loth to do so as it was only seven in the morning. Then when she finally consented to call him, she realized the immanence of the child's advent and, reversing all her previous commands, yelled, "Don't push, don't push." Being still new to the game and overawed, I foolishly obeyed her, against my instinct and increasing misery, for an apparent age until the doctor and anesthetist had arrived and reduced me to the usual blackout. I afterwards learned that the baby had been born almost instantly. That was the last time I had a baby without knowing it.

From England I moved to the Balkans. Here there were a number of highly skilled surgeons, Berlin or Vienna trained. They preferred local to general anesthesia even for major operations and *never* gave an anesthetic in childbirth, no matter what the complications. Having by then been trained to regard an anesthetic as indispensable I was panic-stricken to think it would under no circumstances be available. The indifference of these doctors to the desires of the patient was as complete as that of the English doctors. For technical reasons some preferred to work on a conscious body, some on an unconscious body. They were good craftsmen as far as they went.

It was not until I had babies in Italy that I saw medicine as an art. The atmosphere there, no matter how pagan it may sometimes seem, is so deeply impregnated with Christianity that the patient's freedom, the respect due to the human person, is never forgotten. Gynecology was not the only department of medicine where I noticed this, for I had many dealings with doctors during our years in Rome. They did not need to talk of "psychosomatic medicine," there was no question of any other. One of our acquaintances from the Near East, doing his internship in a Roman hospital, felt this so strongly that he became a Catholic. "These people here even die differently from ours. We treat ours like dogs and they die like dogs. Here they are asked if they want a priest and they receive the Sacraments and die like men. Even the expression on their dead faces is different, nobler. . . ."



The first words of my doctors when I went to consult them the first time was revealing. When I told the London doctor rather diffidently, that I thought I was pregnant, he swivelled around in his chair to give me a bright look and a toothy smile and say unctuously, "Now isn't that just a *wonderful* achievement?" He was very kind but he just wasn't natural about natural things. My Balkan doctor gave a bored grunt. My Italian doctor probably made no comment as I do not remember one, but just asked practical questions. My Russian doctor, when I told him I thought I was about to have my seventh child, said, "Of course you want to get rid of it—how many abortions up to now?"

After having been forced to have anesthesia in London and forbidden it in Sofia I had developed a sort of complex about it. A kind of nervous contraction of fear would grip me when the pains were coming on and prevented my utilizing these fully. My Italian doctor overcame this difficulty by simply giving my husband a wad of cotton and a little bottle of chloroform. When I felt myself contracting against the pain I would signal to my husband who would quickly push the wad under my nose and let me hold it until the pain grew just hazy enough for me to relax, but not enough to prevent me from full cooperation with nature.

I was not only fortunate in having my children at home, because I was spared the horrors people have described and under which I am afraid my character would have crumbled, but I was fortunate, too, in having my children at home where I was fully able to "rejoice that a child was born into the world." In the case of the first boy, born in complete unconsciousness, it is true, it took me several days for my feelings to "come to," and for me to realize that I had a baby. But when the second came I already knew how to rejoice. Those were the days when parents were not supposed to cuddle their children nor to pick them up except to feed them. I nonetheless had the joy of watching mine in its cradle and of course I held and fondled it too. I could show it off to my family and friends and see them admire it. I cannot quite imagine what it can be like to have the baby taken away and only brought at routine intervals. What a sense of frustration and emptiness must follow in the wake of the huge effort of childbearing! It is curious that women should have let themselves be deprived of their fundamental right to enjoy the presence of their own child. We claim every other less vital privilege and let ourselves be deprived of this. We have indeed sold our birth-right for a mess of pottage.

## Babies

It is obvious that to the mother there is every advantage in bearing her child at home. How does it affect the child?

Hygienic precautions are normally taken in hospitals which, with the best will, cannot be taken at home. But *at home they are not necessary*. Naturally it would be unwise to have a baby in an apartment where someone is dying of tuberculosis. But on the whole, under ordinary conditions it is safer for the baby at home than in the hospital. The masks and glass cages are only necessary because of the higher risk of infection in hospitals. It is well known that newborn infants for some weeks or months enjoy a high degree of immunity to adult diseases. They are, however, extremely susceptible to specific infantile diseases. In crowded urban areas the chief cause of infant mortality was for many years infantile diarrhea. It is still sometimes epidemic and unfortunately often takes its worst toll in hospitals where whole batches of babies can be wiped out, cross-infection being difficult to prevent. This is only one of several ailments which can attack infants of the same age more easily when they are concentrated in one place instead of being scattered in different places as nature intended. We have already gone into the advantages of the home in starting the breast-fed child. Further, if the child is not to be breast-fed, it is as well that the family should witness formula experiments from the start to avoid later repetition of mistakes.

There are plenty of unpleasant tales about the treatment of infants in hospitals. It is difficult to check on these, as the principal witness cannot speak. Normally even a hard or bad-tempered person is less likely to make a baby miserable than an adult. However, risks are taken which no one would take at home. A neighbor of mine going to see his wife passed the babies' room just as one giggling nurse said to another, "I dare you to throw it," and immediately a small pink object sailed several feet through the air and was caught with the skill of a big leaguer and a great deal of merriment.

There is also the fact, too often laughed off as a legend, that babies may be confused. One of my friends tells me that she was happily feeding her baby when her eye happened to notice another name on his identification tag. The nurse went in search of her child and after some time found him with no identification mark. These children were indistinguishable except by weight. Another friend, a doctor, was proudly taking his wife and son home, when the nurse in the elevator asked if she might check his number again. It was someone else's baby and none of them had seen the

difference. Some acquaintances of ours in a small Swiss town had twin boys. When we knew them they were just beginning to go to school, nice kids both of them, though very unlike in many ways. One day at a rally in which all the schools in the town took part, the spectators who knew the family were struck by the appearance of *three twins* in the ranks of children, two of whom were identical. The two horrified sets of parents discovered that the "third" twin had indeed been born in the same hospital on the same day. The parents of the twins were French-speaking Catholic intellectuals. The parents of the third child were German-speaking Protestants of very rudimentary education. The discovery of the error created an insoluble dilemma for them all, a problem which could never have existed had they been born at home.

### **The Other Children**

Mothers of families who have their babies at home have to find someone to take care of the older children. That difficulty exists equally when they go away to a hospital. If there is enough room and the possibility of getting a friend or relative to come and look after them at home, it is far better not to send them away. If that is inevitable then it must be presented as an adventure lest it be resented as an exile. Very sensitive children often regard their mother's going to the hospital "to get a new brother or sister" as a kind of infidelity to the pattern of the home, a deliberate preference for an "outsider." If the sudden multiplication of life is *in* the home, the new life in the old setting is a valuable discovery for the child's mind. It is a particularly good experience for older children as it permits them to learn naturally what they would later learn from textbooks.

Mothers nowadays show their children, not the friendly room at home, but the cold administrative-looking hospital building where they were born. This building is either quite strange to the child and will leave a puzzle in its mind, or it is linked with some painful memory such as a tonsillectomy. Birth becomes associated with strangeness or with terrible surgical impressions, instead of taking its place in the scheme of things, like the ripening harvest and the changing seasons.

### **The Husband**

In Anglo-Saxon lore we are familiar with the anxious husband pacing nervously up and down before a closed door, waiting for another man to bring him the news of his child's birth. This figure is practically unknown in Latin countries because, unless the husband is hopelessly selfish, he is in there helping. He has plenty



to do. He has to encourage his wife by words and looks, be ready to hold her hand and make himself useful in a practical way too. This cooperation, this minute-to-minute knowledge of events racks the nerves far less than floor pacing, door gazing, and chain smoking. It is better not only for his nerves but for his character.

The nervous agony of waiting inactive and ignorant ends up by making a man almost as sorry for himself as for his wife. If he is with her he will forget himself and think only of her and of their future child. After the child is born he will have quite a bit to do, and if mothers, sisters or aunts are scarce he may even have to do some housework. He may have to cook some little thing his wife likes and even if it is not up to hospital standards his wife is more likely to try and eat to please him. He too can rejoice over the child that is born into the world. He can glow with pride over his baby—or settle his anxieties about it—by looking at it whenever he wants instead of waiting for certain times, which he cannot always make because of work, then seeing his flesh and blood under glass in the hands of a stranger. The husband, the "forgotten man," should take back his part of responsibility just as the wife should be allowed to take back hers.

### **The Family**

We cannot stress enough the uniqueness of each birth and death in the world. It is when man loses sight of that uniqueness that he creates concentration camps and orders mass executions. While each mother and each child is the only one of its kind, in our eyes as it is in God's, its care will be safe in our hands. This lumping human beings together is one of Satan's wiliest ways of devaluating the individual and particularly the family. Because indiscriminate grouping is unpleasant we are to believe that even natural grouping is unnatural. These hospital scenes of group deaths and group births are highly unnatural. Like the group death ordered by Herod they involve a massacre of the innocents, a destruction of some of those natural instincts which are always being invoked by those who chiefly destroy them. We cannot expect people to develop a healthy family instinct if they start off like this. This is the way to produce party members, not family members. If "cruel Herod" fails once more, as he failed when he pursued the Holy Family in his effort to exterminate the Child, it is a further testimony to the survival power of all that is made in the image of God.

### **The Doctors**

We have now added up the advantages to various people of childbearing in the home—to the mother and to the child, to the

older children and to the father, to the relatives and to family life as a whole, and consequently to the community as a healthy group of healthy families. We have not examined its effect on the doctor. But all these advantages would certainly outweigh any possible disadvantage to the members of a single profession. What are these disadvantages? Obstetrics is after all only a part of gynecology, and gynecology only a part of medicine. The profession would not suffer seriously even if babies were born without medical aid—which is far from being anyone's desire. One is only too glad to have the reassuring presence of a doctor when the time comes. (I had not called my doctor for my second confinement in Italy, being rather low in funds. But he had heard of it through the midwife and came anyway, refusing to be paid and I have rarely been as delighted to see anyone.) There is no reason why a doctor would suffer financially for attending a patient in her home rather than in a hospital. The fee could be the same either way. There is certainly greater inconvenience to the doctor in attending scattered patients instead of having them coralled for him. There would be a need for a small increase in the number of doctors. More young doctors could get started though they might make slightly less per year. If the doctor could get to a confinement in horse and buggy days there is no reason why he should fail to get there in dynaflo days.

### The Midwife

The midwife might perhaps claim—more honorably for the female sex than the traditional claimant—to practice the oldest profession in the world. Paradoxically enough, her work was respected and she thrived until the age of feminine ascendancy, when suddenly she was thrust from her calling. This job where personal experience is invaluable, where direct knowledge of the sensations and symptoms cannot be *replaced* by any amount of memorized book learning, has become the prerogative of men and unmarried women. Whoever heard before of a *midmaid* instead of a *midwife*? This novelty neither makes sense nor inspires confidence, yet so much depends on the woman assisting at a delivery. If we are to start home confinements again, everything will hinge on the midwife. She must not only be well trained in the theory and well grounded in the practice of her work, she must also be naturally intelligent, having what used to be called "mother wit." She must be simple and kind. I have known some wonderful ones who had brought great numbers of children into the world, with so much skill that they had no need of the snipping and sewing technique men in their haste sometimes use without

need. The best I have known were a Russian and an Italian. (I am glad to be able to bear this testimony to a suffering people too often confused in men's minds with the tyrants who rule them. The best trained nurses I have known were all Russians. Not only were they kinder, more thoughtful, more self-effacing, more perseveringly conscientious, quieter and more alert, but their training seemed to have been more thorough than that of other nurses and they had, besides, an understanding of medicine, a 'medical sense' such as I have not known many doctors to possess.) I know that New York had an excellent school of midwifery until it was obliged to close down a few years ago and its graduates were forced out of their profession by legal discriminations against them—ingloriously lobbied for by doctors. If women want to have their children born at home they must see to it that other women are trained to assist them.

### Expense

Early in this article I mentioned expense as being one of the reasons put forward against having children at home. It is in most cases the decisive argument. People are inclined to say wistfully, "Only very wealthy people can afford to have babies at home." Ours is indeed a poor generation if only the very wealthy can indulge in what every workman's wife could afford fifty years ago. If a reasonable system were adopted, having babies at home would be within the reach not only of the rich and medium-rich but of the poor and semi-poor; not perhaps within reach of slum dwellers, since even a hospital is possibly—though not certainly—to be preferred to their one-room flats. But no mother who has at her disposal running water, a stove and a second room need go to a hospital—provided she can enlist the cooperation of a doctor or nurse. As things stand now the nurse comes for eight hours, goes away just when she is needed and costs a great deal. I came across a system in Italy which struck me as being both cheap and good for all concerned. The nurse (midwife) having assisted at the delivery, with or without a doctor (most of my friends had a doctor for their first confinement and managed without for the others), cleans up and then leaves the patient to the care of her family. She returns morning and evening for a week or two according to the needs of the patient. She washes her, checks up on her and the baby and thus spends an hour or two each day at each home, her visiting hours being planned according to the topographical distribution of her patients. She often works with an assistant who is learning the work and who can take over the daily wash and check-up if the midwife is kept at another con-

finement. Her fees are far more moderate than the cost of a hospital room, yet she has enough patients concurrently to make a very decent living. The non-technical care, such as food and slops, is taken on by the family and costs nothing. It is good training for them in Christian charity and in a family worth its salt they are all glad to do it. A wealthy woman, or a very sick one, who would have a private nurse in a hospital would have one at home for the same fee. There is everything to be gained and nothing to be lost by adopting an analogous system. The midwife would be easy to revive provided the doctors were willing. The doctors will be willing only if the women persuade them that they want to have their babies under their own roofs. Some doctors have already begun—I know of one doctor in a midwestern state and another in an eastern state whom a crowd of grateful patients loudly praise, and who bear witness to the excellent results of home confinements. May their numbers be multiplied, that women may rejoice again when a child is born into the world.

When man gives up the God's-eye view of himself he develops an ant's-eye view or worm's-eye view of himself. He sees only the detail, no longer the whole scene. The doctor sees only obstetric hazards, the nurse only hospital rules, the woman only housekeeping neatness and fears something in her pretty little home may get messed up by a thing of such magnitude as birth. The whole is lost in the parts and we cannot see the wood for the trees. Yet the welfare of the whole is bound up with the welfare of the parts. God has not made them to work one against the other but in harmony. The good of mother and father and children, of grandparents and friends, of the family as a group and the community as a whole is the same. In the light of God and the laws of nature ordered by Him lies our own good. It is never too late to begin to be right.

## MULTIPARA



## CLINICISM

**Health replaces sanctity**

**And drugs replace the heaven.**

**The March of Science leads us to  
a new aseptic heaven.**





## *"Beloved Sons And Daughters..."*

"Grant to the sick resignation and health"

(Holy Year Prayer)

*It has been said many times and truly that the Christian religion is the only one that can give meaning to human suffering; this is a mark of its divine origin. We may also say that never has this meaning been more forcefully expressed than in the following words that Pope Pius XII recently directed to the sick throughout the whole world.*

How often, as We receive and give Our blessing to the crowds of pilgrims that gather around the common Father of the faithful, Our anxious thought has flown toward the absent, especially toward you, beloved sons and daughters, the infirm and sick of Italy and of all the world, prevented, as you are, from uniting with the others, because you are nailed to the cross of your sufferings.

How often has Our heart felt the urgent desire to come to you, to pass among you, somewhat as Jesus did while on earth on the shores of the lake, along the streets, in the houses, and as He now does in His Eucharistic Life within the shadow of the great shrines of His Mother Mary, blessing and healing. But how can We come to you, spread out over the face of the earth, no corner of which is free from disease and suffering?

And so We have thought to visit you with Our words, to have Our voice reach to the extremities of the world, to meet all of you without exception, wherever you may be, in hospitals, sanatoria, clinics, or private homes, to speak to each of you intimately, to each one of you, as it were, alone, bending over your beds, to make each one of you feel the full tenderness of Our paternal affection for you, and to apply to your sufferings the balm, which, if it does not always cure, always strengthens and relieves, the balm of the Passion of Our gracious Savior, Jesus Christ.

As the Holy Year approaches and as a preparation for this grand time of grace, We wish to help you to understand better and to appreciate the fruit that you may gather from meditating on the sufferings of Jesus, so that you may sweeten your own sad lot with patience, illuminate it with hope, transform it with the realization of its value and its fecundity.

The balm of Christ's Passion will give you patience in trial. Under the heavy burden of sickness, of infirmity, acute or chronic, tortuous either in its intensity or its endlessness, poor crucified human nature often finds it hard to be resigned, still to believe that God loves it, when He lets it suffer so much. Crucified? Yes, but look at Him Who is "The Crucified One." Do you know Him? He is the beloved Son, in Whom the Father was well pleased. (Cf. *Matthew*, xvii, 5.) Look at Him, look Him in the eye, and tell the good God that you believe in His love for you. Stretched out as you are perhaps on a bed of agony, turning from side to side without finding relief, look at Him, held motionless by the nails to the rough wood of the bare cross. Your throat is burning with feverish thirst? The medicine is bitter? On Golgotha they gave Jesus only gall and vinegar. (Cf. *Matthew*, xxvii, 34 & 48.) And so to each of your sufferings, He sweetly replies: Yes, I know; I have undergone them all. Having taken on Myself all sufferings, I know from experience how to be compassionate and merciful.

This balm will also sustain your hope. You may feel it waver at times. This pain is lasting so long! Will it last thus forever? Maybe it is not only the way you feel; perhaps, God help us, it is humanly incurable, and you know it! You have prayed; but you have received no cure, no relief even, and now you believe that you are abandoned. A feeling of discouragement invades your heart, and overcome by suffering and sorrow, you allow a groan to escape your lips. As long as it does not go beyond a murmur, your Heavenly Father will not scold you. He will find in it an echo of the cry of His Own Beloved Son, to Whose voice He also seemed deaf. Look at Jesus. Prostrate in agony, He had prayed: My Father, if it be possible, let this chalice pass from me. Then He added, quickly: Yet, not My will, but Thine be done. Dying on the cross, He cried out: My God, My God, why hast Thou abandoned Me? And yet, obedient unto death, He exclaimed: Father, into Thy hands I commend My spirit. But then see Him afterwards, risen, glorious, happy for all eternity. No, your suffering will not last forever. Open your hearts to the hope that is eternal and say with the sorely afflicted Job: I know that my Redeemer liveth, and in the last day I shall rise out of the earth . . . and in my flesh I shall see my God. (*Job*, xix, 25-56) Listen to the Apostle Paul, who will teach you that the sufferings of this time are not worthy to be compared with the glory to come, that shall be revealed in us. (*Romans*, viii, 18)

Finally, this balm will suffuse your sufferings with an ineffable sweetness, for the Passion of Jesus will reveal to you the fruitfulness of suffering for yourselves, for others, for the world. More than for your pains, you suffer in feeling that you are inactive, unfruitful, useless, a burden to those around you, and you lament over your isolated and sterile life. And yet is it not true that sickness, serenely borne, refines the spirit, rouses in the soul lofty thoughts, reveals to erring hearts the vanity and foolishness of earthly pleasure, heals moral wounds, inspires generous resolutions. But that is not all. Look at the Cross, look at all those who have suffered! With His words and His example, Jesus taught men; with His miracles He passed among them doing good; but with His Passion and Cross He saved the world. "We adore Thee, O Christ, and we bless Thee, because by Thy Cross Thou hast redeemed the world." When this same Jesus invites you to take up your cross and follow Him, He is actually inviting you to work with Him for the redemption of the world. As His Heavenly Father sent Him, so He sends you; and that mission which He confides to you, We, His Vicar on earth, confirm and bless. Dear sufferers, during the coming Holy Year, We shall lay a heavy toll on the labors and the prayers of all the faithful, but even more We shall count on your holy suffering, which united to the Passion of Jesus, will give to the actions of some and the contemplation of others their perfection and their efficacy.

The balm of the Passion which strengthens you with patience and hope in your trial and makes you appreciate its incomparable value and sovereign power will certainly not give you an air of rigid and haughty insensibility which would have nothing in common with childlike conformity to the will of your Divine Father. This conformity will not shut your hearts or your lips to prayer; rather it will give to it the odor of incense, which the fire carries right up to the throne of God.

Oh, Jesus, may Our prayer, united to the sufferings of Thy most holy Mother, carry with it the prayers of all those who suffer either in their own flesh or in the flesh of those whom they love more than their own life. Turn Thy eyes toward this poor father, reduced by sickness to inactivity, who can no longer nourish by the sweat of his brow or educate his little ones. Turn them toward this mother who, worn-out, must leave to itself the home that she has set up and guided with such love for the benefit and joy of the whole family. Turn them toward these youths, full of ardor and manly purposes, who ask only to be allowed to work and to give themselves and who see themselves nailed to a bed of pain



while so many others foolishly dissipate their health and youthful vigor. Turn them toward these young girls who had opened their arms to life and were smilingly advancing toward a future rich in promise. Turn Thine eyes toward those charitable men and women, the visible providence of the poor, the afflicted, the confused, who leave behind them as so many orphans all those unhappy souls to whom they extended a pitying hand.

Oh, Jesus, hear Our voice, as You heard the plea of the Centurion for his servant, of the ruler for his son, of Jairus for his daughter dying in the flower of her youth, of the Canaanite woman whose faith so moved Your heart.

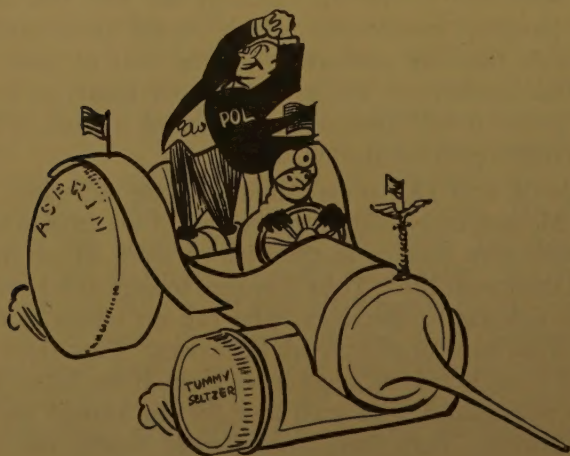
But, if in the secret of Thy adorable counsels the trial is to be yet prolonged or cut short only by death, then grant to these last the serenity of a sweet and holy death, to the others, together with a filial resignation, the full joy of the supernatural fruit of the Jubilee, the supreme consolation of fulfilling in the weakness of their body, even by means of this very weakness, the lofty and redeeming mission that You have confided to them. Grant to those who stand at their bedside the strength to encourage them by their presence and to unite their anguish with that of Thy holy Mother standing at the foot of the Cross.

And now, as a pledge of greater divine consolations, with an overflowing heart We impart to them Our Apostolic Benediction.\*

---

\* *L'Osservatore Romano*, n. 272, 23 Nov., 1949.

---



**SOCIALIZED MEDICINE**



## BOOK REVIEWS

### The Most Important Knowledge

#### THE SOUL

By Saint Thomas Aquinas

Translated by John Patrick Rowan

Herder, \$4.00

This is a translation of Saint Thomas' *De Anima*. It contains twenty-one questions about the soul (such questions as whether the soul exists everywhere in the

body, whether we have one soul or several, and what sort of existence our souls lead after death). The questions are treated in the manner of the *Summa*, with objections first, then discussion and then the answers to the objections. Nothing is added to the original except a few footnotes and an index. The format of the book is excellent and the cover-jacket is beautiful.

Here then, in one place, all translated, is the basic knowledge that is lacking to nearly all the men of today who are struggling with problems of the soul or of the relationship between the body and soul. Let us fervently hope that some psychologists, psychiatrists, doctors and brain surgeons will have the courage to tussle with the scholastic discipline and terminology to see if they can find the key to their own most perplexing problems.

PETER MICHAELS

### Self-Expression versus Self-Discipline

#### PSYCHIATRY AND ASCETICISM

By Felix D. Duffey, C.S.C.

Herder, \$2.00

Father Duffey has dedicated his book to Saint Bernadette in reparation for the presumptive absurdity of a woman psychia-

trist who analyzed Bernadette's "hallucinations" to find them the result of extensive infantile regression. This particular analysis and some other choice bits of nonsense from the psychiatric camp are quoted in the book. It is refreshing to see someone show a little honest indignation at the psychiatric mysticism and also to have him show up such things as the way practitioners think they have made a great contribution just because they have described some lurid life details.

The main contention of *Psychiatry and Asceticism* is that we all suffer from original sin, which is the root cause of our emotional disturbances, and that the remedy for the original lack of integrity is asceticism and prayer. All of which is true. However, what Father does not explain is how you unwind a person once he is neurotic. For this, I think something has to be added to the prescription for the normal case.

The book is uneven and has too many and too long quotations. Where the author deals with Catholic teaching it is presented in the usual way, condensed and theological. It needs to be re-stated to appear fresh. A non-Catholic would be pretty lost in it. Near the end of the book Father Duffey weakens and makes a few vague remarks to the effect that "of course modern psychiatry does many wonderful things and we wouldn't want to deprecate . . ." Some day I hope someone will write a book telling what these wonderful things are.

CAROL JACKSON

## FOR YOUNG MINDS

**THE MAN ON FIRE**  
By Mary Fabyan Windeatt  
Grail Publications, \$2.50

As any life story of the indomitable Saint Paul would be inspiring so *The Man on Fire* is just that. Written in the language understood so well by young apostles in

Junior High (7th to 10th grade), it tells the life story of the Apostle of the Gentiles from the time he, as Saul of Tarsus, persecuted the followers of the Nazarene to the point where he, as Paul the Christian, lays his weary head upon the executioner's block for the greater glory of the Nazarene.

Although containing a great deal of dialogue which is of necessity fictional, all events related are those appearing in *The Acts*.

ELIZABETH NEILL

### Book Notes

Two volumes of meditations on *The Life of Our Lord Jesus Christ* by Rev. Maurice Meschler, S.J., have been translated from the German by Sister Mary Margaret, O.S.B., and published by Herder (\$12 for the two). They are arranged chronologically according to incidents in the Gospels. Father Meschler gives a thorough and concise explanation of each event, followed by an analysis of it, chiefly from the moral point of view. This is not primarily a work of scholarship, although it involves much learning. It is meant for use in prayer and is suitable for an orderly, somewhat formal, type of meditation. I'd say it is more enlightening and edifying than moving. Anyone who used it consistently would certainly become familiar with the Gospels and their background. . . . The Newman Press has reprinted a Holy Year Book (\$4.25) prepared for the Jubilee of the year 1900. As it deals with the history and ceremonies of the event only, the date doesn't matter. It contains many pictures of former jubilees, and descriptions of such incidental matters as the state of the Italian hospitals in former days. . . . Father M. Eugene Boylan's articles in *The Spiritual Life of the Priest* (Newman, \$2.50) first appeared in *The Priest* magazine. Our priest-friends say they are very good, and they look that way to us too. . . . A little book also recently reprinted by Newman is Saint Peter of Alcantara's *Treatise on Prayer and Meditation* (\$2.50). . . . We gave Father Heenan's *They Made Me Sign* (Sheed & Ward, \$2.00) to a non-Catholic wife of a Catholic, who never did get around to reading it through, but she devoured Lucille Hasley's *Reproachfully Yours* without being asked, and amid hilarity. We don't know that that proves anything.

---

The first Trappistine Monastery established in the United States is in need of books for the building of a library. You can help continue the Cistercian tradition of scholarship by sending whatever religious, spiritual and theological books you feel you can part with (no copies of *Murder in a Nunnery* please!) to William Cobb, c/o Servease Inc., 29-46 Northern Blvd., Long Island City 1, N. Y. All gifts will be gratefully acknowledged.